## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

papers, Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless correspondence address and or indicated unless maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

| SUITE 1200                                                                                                                                                                                                                                                                                                                            |                            |                            | addı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                            |                            |  |
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| CLEVELAND, OH 44114-3108                                                                                                                                                                                                                                                                                                              |                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Depositor's name)                                                                                                                           |                            |                            |  |
|                                                                                                                                                                                                                                                                                                                                       |                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                            | (Signature)                |  |
|                                                                                                                                                                                                                                                                                                                                       |                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                            | (Date)                     |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                       | FILING DATE                |                            | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | FORNEY DOCKET NO.          | CONFIRMATION NO.           |  |
| 10/587,591 07/28/2006                                                                                                                                                                                                                                                                                                                 |                            | J. William Doane           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36969US1                                                                                                                                     | 2438                       |                            |  |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                    | i: DRAPABLE LIQUID         | CRYSTAL TRANSFER           | DISPLAY FILMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                            |                            |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                           | SMALL ENTITY               | ISSUE FEE DUE              | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PREV. PAID ISSUE FEI                                                                                                                         | TOTAL FEE(S) DUE           | DATE DUE                   |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                        | NO                         | \$1510                     | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0                                                                                                                                          | \$1810                     | 08/04/2010                 |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                              |                            | ART UNIT                   | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]                                                                                                                                            |                            |                            |  |
| PATEL, NITIN                                                                                                                                                                                                                                                                                                                          |                            | 2629                       | 345-087000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                            |                            |                            |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address (or Change of Correspondence Address form FT0VSB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form FT0VSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                            |                            | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys (2) the name of a single firm flaving as a member a registered patent attorneys or agent on the names of up to 2 registered patent attorneys or agent on the names of up to 3 registered patent attorneys or agent. If no name is listed, no name with per printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                            |                            |  |
|                                                                                                                                                                                                                                                                                                                                       |                            |                            | THE PATENT (print or typ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | *                                                                                                                                            | identified below, the de   | ocument has been filed for |  |
| (A) NAME OF ASSI                                                                                                                                                                                                                                                                                                                      |                            | pietion of this form is NO | (B) RESIDENCE: (CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                            |                            |  |
| Kent Disp                                                                                                                                                                                                                                                                                                                             | lays Incorpo               | orated                     | Kent, Oh:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | io                                                                                                                                           |                            |                            |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                              | riate assignee category or | categories (will not be pr | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Individual 🖾 Corpor                                                                                                                          | ation or other private gro | oup entity 🚨 Government    |  |
| 4a. The following fee(s) are submitted:  ☑ Issue Fee ☐ Dissue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                                                                                                |                            |                            | ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  \[ \begin{align*} \text{Lebck is enclosed.} \\ \begin{align*} \text{Payment by credit card. Form PTO-2038 is attached.} \\ \begin{align*} \text{Payment by credit card. Form PTO-2038 is attached.} \\ \begin{align*} \text{Payment by credit card. Form PTO-2038 is attached.} \\ \begin{align*} \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{Payment by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM by credit card. Form PTO-2038 is attached.} \\ \text{PTM contract card. Form PTO-2038 is attached.} \\ PTM contract card. Form PTO-2038 is attach |                                                                                                                                              |                            |                            |  |

Typed or printed name Paul A. Serbinowski Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manates to complete, including gathering, preparing, and within 50 cm and/or suggestion. For excluding gathering, preparing, and within 50 cm and/or suggestion. For excluding this burden, should be sent to the chief Information Officer, U.S. Paters and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-450.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Authorized Signature \_\_/Paul A. Serbinowski/

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PEARNE & GORDON LLP

05/04/2010

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

August 4, 2010

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